Name of Person Filing ROY JARDINE		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employers your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).  Name ILWU (Hawaii) Employers General Pension Plan  Trade Name, If any:  P.O. Box, Bldg., Room No., If any  Street 1221 Kapiolani Blvd., Suite #960  Chy Honolulu  State Hawaii ZiF Code+4 96814	9. Business deals with:  a. Labor Organiza  A. Trust  c. Employer	ation:			
10.89b. or 9.c. is checked give trust or employer's name.  Name ILWU (Hawaii) Employers General Pension Plan  Trade Name, if any:  P.O. Box, Eldg., Room No., if any	11.a. Nature of such dealing.  The ILWO (Hawaii) Employers General Pension Plan a defined benefit multi-employer pension plan proding pension benefits for employees who are represented by ILWO Local 142 and is therefore a trust which the ILWO Local 142 is interested. Per Dept of Labor guidelines, it is also a business the needs to be reported on my LM-30				
Sheet 1221 Kapiolani Blvd., Suite #900	11.b. Approximate dollar value of such dealing.				
City Bonolulu  State Hawaii ZIP Code + 4 96814	12.a. Nature of interest held or income received.  The income received consists of expense reimbursements attributable to travel expenses incurred while attending Trustee Educational Conferences				
	12.b. Amount.	(see attached)			
C. Received from any employer (other than an employer covered under parts A and B above) or from any liptor relations consultant to an employer any payment of money or other liting of value.					
13.s. Name and address of Employer or Labor Relations Consultant (including table name, if any).	14.a. Nature of payment.				
Nerre					
Trade Name, if any:					

14.b. Amount of payment.

Street

City

State

P.O. Box, Bldg., Room No., If any

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant 7

## Attachment to: FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

ILWU Local 142 Business Agent Roy P. Jardine ILWU (Hawaii) Employers General Pension Plan Trustee Beginning/Ending Date of Report: January 1, 2004 thru December 31, 2004

The transactions, dealings and interests that are reported on this Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some Items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported, I will file an amended LM-30.

Item 12.b for ILWU (Hawaii) Employers General Pension Plan:

a)	June 13-16	, 2004 - Trustee & Administrators Institute Co	nference at Stateline, Nevada:	<b>\$2,500.56</b>
	1)	Airfare	\$817.70	
	2)	Hotel Expenses	<b>\$</b> 557.86	
	3)	Daily Expenses	\$270.00	
	4)	Conference Registration fee	\$855.00	
		TOTAL:	\$2,500.56	

b) November 30-December 4, 2004 – 50th Annual Employee Benefits Conference at New

	Orleans, Louisiana:	
1)	Airfare	\$829.05
2)	Hotel (Applied Deposit)	\$1,082.85
3)	Daily Expenses	\$361.77
4)	Conference Fees	\$960.00
•	TOTAL	\$3 233.67

1 O I M L. 30,203.01

**TOTAL FOR YEAR 2004:** \$5,734.23

\$3,233.67

(Note: Daily Expenses are inclusive of meals, transportation, gratuities.)